Rural Health Care Plans

235. SHRI KRISHNA KUMAR BIRLA: Will the PRIME MINISTER be pleased to state:

(a) whether some time in July last year in the Chief Minister's conference certain decisions regarding rural health care by setting up primary health centres were taken;

(b) if so, what are the details thereof; and

(c) what steps have been taken by Governemnt so far to implement the rural health care plans?

THE MINISTRY OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) Yes, Sir. Some recommendations were made in Chief Ministers' Conference which also include provision of efficient Primary health Care.

(b) it was recommended that there is an urgent heed to consolidate and fill up the gaps in the existing infrastructure for the delivery of Primary Health Care by providing for buildings, equipments, medicines, trained manpower, vehicles etc. The Central assistance for this purpose requires to be stepped up. It was also recommended that norms for primary Health Care infrastructure may be relaxed further in the areas inhabited by SCySTsfrimitive Tribal Groups and hilly and desert areas.

(c) Basic Minimum Services Programme has been introduced as a new initiative to ensure access to all sections of people to the basic services including Primary Health Care within a reasonable time frame. Funds under the Basic Minimum Services arc allocated by the Planning Commission and it is for the States/UTs to decide their own priorities within the Basic Mnimum Services. To augment the efforts of the StatesUts a new Reproductive and Child Health programme has been launched recently. Besides this, primary - health Care infrastructure is being strengthened under various externally aided projects.

Deaths Causes by non-availability of Emergent medical Aid

236. SHRI RAJUBHAIA, PARMAR:

Will the PRIME MINISTER be pleased to state:

(a) whether any survey about the number of deaths attributable to non availability of emergent medical aid in Delhi has been conducted;

(b) if so, the percentage of deaths attributable to failure of emergeny medical aid over the specific period carried by the survey; and

(c) whether any Centralised Accident and Trauma Services (CATS) were introduced in Delhi in late eighties; if so, the details of the CATS, and what steps have been and are being taken to make the services more effective?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) and (b) Information is being collected and will be laid on the table of the House.

(c) Centralised Accident and Trauma Sercives (CATS) was conceptualised as a plan scheme in 1984. It is funcitoning under a registered society under Government of National Capital Territory of Delhi. The objectives of CATS have been to reach the accident site as quickly as possible, giving first-aid emergency management at the site and quick safe transportation of the patient to the hospital. The Central Control Room of CATS is situated at Deen Dayal Hospital Complex. CATS has a fleet of 26 ambulances deployed in 22 different locations of Delhi.

As per the information received from the Government of National Capital Territory of Delhi steps have been taken to make the services more effective by deploying the ambulances in Key locations with state of art communicaitons systems to reduce response time, linking hospitals for advance information, using computerised